

OFFICER/WARRANT OFFICER REQUEST FOR RETIREMENT

(DATE)

MEMORANDUM THRU:

OTAG, ATTN: CAJS-HR-AGR, P.O. BOX 269101, Sacramento, CA 95826-9101

FOR National Guard Bureau, ATTN: NGB-ARP-CR, 4501 Ford Ave, (Room 680),
Alexandria, VA 22302-1450

1. Under the provisions of law cited in paragraph 4-18, AR 635-100, I, (Name, rank, SSN) request that I be relieved from active duty and assignment on _____ (last day of month in which retirement would otherwise be effective) and placed on the retired list on _____ (first day of the following month). Or as soon thereafter as practicable, and that I be transferred to the Retired Reserve immediately upon retirement. I will have completed over 20 years of active federal service on the requested retirement date.
2. Assignment status: (organization and station to which currently assigned and duty station to which attached, if any).
3. Authorized place of retirement: Fort Lewis, WA
4. Location of choice transfer activity: (Members electing to be processed for retirement at a transfer activity other than Fort Lewis, WA must enter an appropriate transfer activity as provided by paragraph 2-18, AR 635-10: otherwise, enter "Not applicable.")
5. I have been counseled as specified by paragraph 2-18, AR 635-10. I fully understand the provisions of section V, chapter 2, AR 635-10, concerning entitlements pertaining to per diem, travel and transportation allowances based upon retirement at a location of choice transfer activity.
6. I have read section V, chapter 4, AR 635-100. I am responsible for insuring that a physical examination is completed not earlier than 4 months nor later than one month prior to my approved retirement date (subject physical to be arranged through coordination with my unit or assignment). I am aware that the purpose of this examination is to insure that my medical records reflect as accurately as possible my state of health on retirement and to protect my interests and those of the Government. I also understand that my retirement will take effect on the requested date and that I will not be held on active duty to complete this examination.

7. I have been briefed concerning the Survivor Benefit Plan. I understand that I will automatically be in the plan and will pay the full cost for coverage for my wife, and children if applicable, unless I submit an election form to the contrary prior to my retirement.

8. Address upon retirement: (a reliable forwarding address for mail).

9. I am familiar with paragraph 4-13, AR 635-100, and understand that if this application for retirement is accepted by the Secretary of the Army it may not be withdrawn except for extreme compassionate reasons or for the definitely established convenience of the Government.

10. As of the date of this application, I have _____ days accrued leave. I (do) (do not) plan to take terminal leave. If applicable, complete the following: I plan to take _____ days leave.

11. (For officers serving in grades 05 through 08). I have read and understand the provisions of paragraph 4-31, AR 635-100 pertaining to determination of my retired grade. Considering those provisions, and after a review of my records, I believe that I am entitled to retire in the grade of _____. I understand that final determination of my retired grade will be made by HQDA, and that I will be informed if I am not entitled to retire in the grade I have specified in this paragraph.

12. This application (is) (is not) submitted in lieu of complying with PCS instructions.

Signature Block

Enclosures:

Copies of all NGB Form 23's

Copies of all DD Form 214's